

Fellowship Bible Church
Pastoral Counseling Intake

Please answer the following questions as fully as possible. The information will assist your Pastoral Counselor to help you.

Name: _____ Date: _____

Birth date: _____ Age: _____

Please describe the problem(s) that you want help with: _____

How has this problem affected your life in the following areas?

1. Family _____

2. Work _____

3. Social _____

4. Recreational _____

5. Health _____

How long have you had this problem? _____

Please list any important events in your life that may relate to this problem:

How serious is this problem?

mildly moderately very extremely totally

What have you tried to do to solve this problem? _____

What has been successful? _____

Have you had counseling/therapy in the past? Yes No

If so, where? _____ when? _____

What was helpful about the counseling? _____

What was not helpful about the counseling? _____

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MARITAL STATUS: Single Married How Long? _____

Previously married -- How many times? _____

Living with someone -- How long? _____

Separated -- How long? _____

Widowed -- How long? _____

FAMILY HISTORY:

Who raised you? _____

If there were changes, please list and indicate the age you were when these changes occurred:

of siblings: _____ # brothers _____ # sisters

In rank order from oldest to youngest, what is your place in the order?

Which members of your family are you close to?

Are there any family members who are a problem for you?

Please indicate other people in your life that provide support for you: _____

Please check any problems that family members have/have had and indicate relationship:

Relationship

Relationship

Arrests/convictions _____ Alcoholism _____

Depression _____ Violence _____

Other mental/emotional problems (list below)

PHYSICAL AND MENTAL HEALTH:

How would you rate your current health? Very poor 1 2 3 4 5 6 7 8 9 10 Very good

List current health problems for which you are receiving treatment: _____

List any medications currently prescribed: _____

What is your current use of alcohol? _____

Have you had problems with alcohol use in the past? Yes No

If yes, please explain:

Do you have a history of drug use? Yes No

What is your current use of other drugs? _____

Have you been arrested for alcohol/drug related offenses? Yes No

Have you had treatment for problems with alcohol abuse/dependency? Yes No

Have you had treatment for drug abuse/dependency? Yes No

Have you ever lost a job/relationship due to the use of alcohol/drugs? Yes No

Indicate any of the following that apply to you:

- | <u>Current</u> | <u>Past</u> | |
|----------------|-------------|----------------------------------|
| _____ | _____ | Thoughts of suicide |
| _____ | _____ | Plan for suicide |
| _____ | _____ | Suicide attempt |
| _____ | _____ | Hurting yourself deliberately |
| _____ | _____ | Thoughts of hurting someone else |